FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747233 1. Corporation Name

ALPHA BAPTIST CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

5235 SW 82ND AVE. DAVIE FL 33328-5201 5235 SW 82ND AVE. DAVIE FL 33328-5201

2a. Mailing Address

FILED Jun 18, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

21		26					05/1//19/9			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FE) Number		Ap	olied For
22		27					59-2368121		No	t Applicable
City & State	e		City & State				5. Certificate of Status Desired		\$8.75	
23		28					3. Certificate of Status Desired		Fee Re	quired
Zìp	Country		Zip	Country			6. Election Campaign Financi	ng [T]	\$5.00	Мау Ве
24	25	29	36	0	_		Trust Fund Contribution		Added t	Fees
	9. Name and Address of Current F	Regis	tered Agent				10. Name and Address of Ne	w Registe	red Agent	
			·	81	Name)				
WAGGONER, THOMAS C.					Stroo	l Addro	ss (P.O. Box Number is Not Acce	ntable)		
					3000	i Audi 6	SS (1.0. BBX Number is Not Acce	ршысу		
7751 N.W. 174TH TERRACE HIALEAH FL 33015										
MIALEAM I	FL 33015									
				84	City			1	FL 85 Zip C	Code
44	to the provisions of Sections 617.0502 a		17 1500 Elecido Statutos	the above	name	d como	ration submits this statement for			registered
office or re	egistered agent, or both, in the State of	Florid	da. Such change was auth	norized by	tne cor	poration	n's board of directors. I hereby ac	cept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of,	. Section 617.0503, Florid	a Statutes						
SIGNATURE								DAT		
	Signature, typed or printed name of registered agent as			egistered Agen	t signature	required v	when reinstating) ADDITIONS/CHANGES TO			RS IN 12
12.	OFFICERS AND	DIRE					ADDITIONS/CHANGES TO	OFFICER	Change	Addition
TITLE	\$		☐ DELETE	1.1 TITLE						L. Addison
NAME	WAGGONER, TIMOTHY			1.2 NAME		1				
STREET ADDRESS	2230 ACAPULCO DRIVE			1.3 STREET	ADORES	3				
CITY-ST-ZIP	MIRAMAR FL 33023	_		1.4 CTTY-ST	- ZiP					
TITLE	PD		☐ DELETE	2.1 TITLE		PD	_		Change	☐ Addition
NAME	BUTTON, RALPH			2.2 NAME		Bu	TTON, RALPH DI N.W. 98TH AVEN			
STREET ADDRESS	1414 N. 63RD AVENUE			2.3 STREET	ADDRES	180	ON N.W. 98TH AVEN	16		
CITY-ST-ZIP	HOLLYWOOD FL 33024			2.4 CITY-S	T-ZIP	PEN	BROKE PINES, FLE	RIDA	33024	
TITLE	TDV		☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME	SNIDER, JAMES F			3.2 NAME						,
STREET ADORESS	3081 SW 54TH AVE			3.3 STREET	ADDRES	3				
CITY-ST-ZIP	FT LAUDERDALE FL 33314			3.4. CITY-S		1				
TITLE	D		DELETE	4.1 TITLE		 			Change	Addition
NAME	KISER, CHARLES			4.2 NAME					·	
·	•			4.3 STREET	. VUUDEc					
STREET ADDRESS	3299 SW 50TH ROAD					' {				
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		DELETE	4.4 CITY-S' 5.1 TITLE	I-ZIP	+			☐ Change	Addition
TITLE			□ Vere1¢	5.1 TILLE 5.2 NAME		{			□ orange	
NAME				5.3 STREET	. VUUDE.E.					
STREET ADDRESS				L		1				
CITY-ST-ZIP			□ DCI ETC	5.4 CITY-S	1-ZIP	 -			☐ Change	Addition
TITLE !	*		☐ DELETE	l					☐ Criange	☐ A00000
NAME				6.2 NAME						
STREET ADDRESS	•			6.3 STREET		5				
CITY-ST-ZIP				6.4 CITY-5						
14. I hereby c	ertify that the information supplied with	this fi	iling does not qualify for the	ne exempti	on state	ad in Se	ction 119.07(3)(i). Florida Statute	s. I furthe	r certify that the in	nformation

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.3.07(5)(f), holida statutes. Interest cathy that it among indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one anattachment with an address, with all other like empowered.

SIGNATURE: